



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Shinichi SUGIMOTO  
Title: HORN SWITCH GEAR AND  
AIRBAG SYSTEM  
Appl. No.: Unknown  
Filing Date: Herewith  
Examiner: Unknown  
Art Unit: Unknown



**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Shinichi SUGIMOTO

Enclosed are:

- [ X ] Application Data Sheet (37 CFR 1.76) (2 pages).
- [ X ] Specification, Claim(s), and Abstract (30 pages).
- [ X ] Formal drawings (16 sheets, Figures 1, 2A-2B, 3-5, 6A-6B, 7-8, 9A-9B, 10-11, 12A-12B, 13A-13B, 14-16).
- [ X ] Declaration and Power of Attorney (3 pages).

- ☒ Assignment Recordation Cover Sheet (1 page).
- ☒ Assignment of the invention to TAKATA CORPORATION (2 pages).
- ☒ Claim for Convention Priority and 2 Priority Documents.
- ☒ Information Disclosure Statement (3 pages).
- ☒ Form PTO/SB/08 listing 16 listed references and submitting 11 references.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00 =	\$770.00
Total	18	- 20	= 0 x	\$18.00 =	\$0.00
Claims:					
Independents	9	- 3	= 6 x	\$86.00 =	\$516.00
:					
If any Multiple Dependent Claim(s) present:			+	\$290.00 =	\$0.00
				SUBTOTAL: =	\$1286.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				=	\$0.00
				TOTAL FILING FEE: =	\$1,286.00
Assignment Recordation Fee:			+	\$40.00 =	\$40.00
TOTAL FEE				=	\$1,326.00

- ☒ A check in the amount of \$1,326.00 to cover the filing fee and fee for recordation of Assignment is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: March 12, 2004

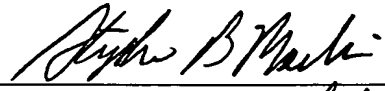

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